IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Eric Rose, et al.

Serial No. : 10/646,493 Examiner: J. Russel
 Filed : August 21, 2003 Group Art Unit: 1654
 For : Methods for Inhibiting Thrombosis in a Patient Whose Blood
is Subjected to Extracorporeal Circulation

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: December 28, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

— A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

— No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	4 -	* 20 =	*** 0 X	\$25	\$50	=	0
Independent Claims	1 -	** 8 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0.00			

* The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time

Other (identify): Request for Continued Examination

THE TOTAL FEE DUE IS \$ 395.00.

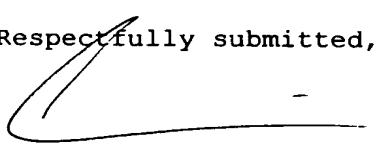
A check in the amount of \$ 395.00 is enclosed.

Please charge Deposit Account No. in the amount of
\$.

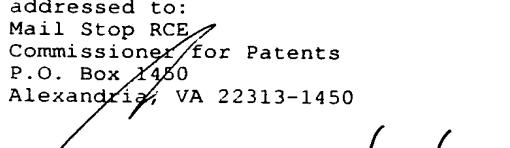
The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
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12/28/03
Alan J. Morrison Date
Registration No. 37,399